								1
IPDR6702	05/02/2005		TDDA	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
KUN DATE:	03/02/2003			CHECKWRITE SUMMARY REPORT SCKWRITE DATE: 05/03/2005	 			
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	8755	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	402	FURTHER PROCESSING NECESSARY,	0	9159	9159	
				PLEASE CHECK FOR CLAIM ON		9139	9139	
				FUTURE RA'S.				
		8952	2	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
				CITORS FOR TARGET FOFULATION				
3404904	WESTERN HIGHLAN	8599	3134	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	1045	DUPLICATE OF CLAIM-SYSTEM				
		-	-343	Canada Canada Canada	605	6377	15314	8937
		11	784	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***	 			
	AL HLTH CTR							
		0	0		0	0	0	0
3404910	PATHWAYS	8505	6291	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		0000	105					
		8800	495	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	6793	6812	19
				FUTURE RA'S.				
		8517	5	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404912	CAMANDA COUNTRAL	8505	100	CLAIM DENIED DUE TO INSUFFICIE				
	CATAWBA COUNTYM ENTAL HEALT			NT BUDGET				
	111111111111111111111111111111111111111							
		11	9	CLIENT NOT ELIGIBLE ON SERVICE	0	113	114	1
				DATE				
					-			
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913		11	4588	CLIENT NOT ELIGIBLE ON SERVICE	-			
2404313	MECKLENBURG COM ENTAL HEALT	**		DATE	-			
	PATER REPRI			+	 			
		191	2167	CLIENT ID NUMBER DOES NOT MATC	1331	11766	16448	4682
				H PATIENT NAME				
		8329	1046	CLAIM DENIED ATTENDING PROVIDE	<u> </u>			
				R CANNOT BE THE SAME AS				
				THE LMA				
2404015		101	60	CLITTUE ID WINDER DOEG VOT				
3404916	CROSSROADS BEHA	191	60	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	-			
	VIORAL HEAL				 			
		8599	55	DETAIL NOT COVERED BY COMBINAT	4	178	1499	1321
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
ı		8505	33	CLAIM DENIED DUE TO INSUFFICIE	1			
				NT BUDGET				
				NT BUDGET				

BBOUTER		HTOH DRIVES	WINDER OF			ļ	TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8505	1368	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8800	88	FURTHER PROCESSING NECESSARY,	18	1632	2208	576
	_			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	-							
		11	81	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404918	ROCKINGHAM CO M	8505	920	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	-							
		8800	22	FURTHER PROCESSING NECESSARY,	0	949	952	3
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	7	CLIENT NOT ELIGIBLE ON SERVICE				
	+			DATE				-
	+					 		-
3404919	GUILFORD CO MEN	8505	2174	CLAIM DENIED DUE TO INSUFFICIE		 		
	TAL HEALTHC			NT BUDGET				
		0500	100					
		8599	126	DETAIL NOT COVERED BY COMBINAT	43	2413	5488	3075
	_			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DEMEFII FACIAGE.				
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8505	1089	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	378	DETAIL NOT COVERED BY COMBINAT	14	2334	3177	843
				ION OF RECIPIENT, PROVIDER AND	- 11	2334	31//	043
				BENEFIT PACKAGE.				
		191	171	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404921	ODANGE DEDGON G	8505	5364	CLAIM DENIED DUE TO INSUFFICIE				
	ORANGE PERSON C HATHAM AREA			NT BUDGET				
	HATHAM ANDA							
	-							
		8800	261	FURTHER PROCESSING NECESSARY,	26	6378	7621	1243
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		5010	260	PRIOR AUTHORIZED DOLLARS EXCEE				
	+	5312	200	DED				
	+					-		
	+					1		
3404922	THE DURHAM CENT	11	102	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
	+	8505	80	CLAIM DENIED DIE TO INCHESTOTS		1		
	+	8505	00	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	188	196	8
	+			MI DODGEI				
	+			+		 		
	1	24	3	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI			-	
		0505						
	VGFW AREA AUTHO	8505	51	CLAIM DENIED DUE TO INSUFFICIE				
3404923	RITY		1	NT BUDGET		-		
3404923		1						
3404923				1	1		4000	1173
3404923		8599	23	DETAIL NOT COVERED BY COMBINAT				11/3
3404923		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C	164	1337	
3404923		8599	23		C	164	1337	
3404923			23	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	164	1337	
3404923		8599	23	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN	C	164	1337	
3404923				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	C	164	1337	
3404923				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN	C	164	1337	

	_						TOTAL	TOTAL
PROVIDER	+	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	549	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	185	DETAIL NOT COVERED BY COMBINAT	133	1379	2957	157
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	170	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404926		8505	6670	CLAIM DENIED DUE TO INSUFFICIE				
3404320	SOUTHEASTERN RE	0505	0070	NT BUDGET				
	G MENTAL HL			N1 D000E1				
	+	8800	51	FURTHER PROCESSING NECESSARY,	31	6919	8514	159
	+			PLEASE CHECK FOR CLAIM ON	31	0919	0014	139
	+			FUTURE RA'S.				
	+							
	+	143	46	CLIENT ID NUMBER NOT ON STATE				
	+	+		ELIGIBILITY FILE				
	+	+						
	+	+						
3404927	CUMBERLAND CO M	8505	549	CLAIM DENIED DUE TO INSUFFICIE				
	HC HC			NT BUDGET				
		+		<u> </u>				
	1	+		<u> </u>				
	+	8800	170	FURTHER PROCESSING NECESSARY,	13	870	1599	72
				PLEASE CHECK FOR CLAIM ON	1.3	570	1399	12:
	+			FUTURE RA'S.				
	1	8599	83	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1							
3404929	LEE HARNETT MH/	11	25	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		21	13	DUPLICATE OF CLAIM-SYSTEM	0	60	319	259
		8599	7	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	0	(
2404024		0.6	1051	AD THOMPUM OF OLD THE OVOCCO.				
3404931	WAKE CO HUM SVC	86	1251	ADJUSTMENT OF CLAIM-SYSTEM			<u> </u>	
	BILLING OF			<u> </u>			 	
	+	1					<u> </u>	
	+	95.99	675	DETAIL NOT COVERED BY COMBINAT			 	
	+	8599	675	ION OF RECIPIENT, PROVIDER AND	158	4065	11630	756
	+	+		BENEFIT PACKAGE.				
	+	+						
	+	21	528	DUPLICATE OF CLAIM-SYSTEM				
	+	1-						
	+	+						
	+	+	-					
3404932	DANDOT DU / CAMPUT	0	0	*** NO DATA TO REPORT ***	1	1	 	
	RANDOLPH/SANDHI LLS CO MH C	+						
	and co pin c	+						
	+	+						
	+	0	0			0	0	
	+	+						
	+			<u>†</u>				
3404933	SOUTHEASTERN CT	8599	287	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
		+		BENEFIT PACKAGE.				
-	+	+		<u> </u>				-
		8621	194	60 RESIDENTIAL LEVEL III TREAT	51	709	5528	481
	+				51	/09	3328	461
				MENT RECEIVED, PA IS REQUIRED				
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
			62	FOR ADDITIONAL SERVICE.				
		8000	62					
			62	FOR ADDITIONAL SERVICE. NO RATE AVAILABLE ON FILE TO P				

DDOUTDED		UTCH DENTS!	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8800	172	FURTHER PROCESSING NECESSARY,				
	EHAVIORAL H			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.			 	
		8505	152	CLAIM DENIED DUE TO INSUFFICIE	2	521	1258	73
				NT BUDGET		321	1230	73.
		25.00	105					
		8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			 	
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
							 	
		0	0		0	0	0	
					-	_		
3404936	WILSON-GREENE M	8505	1315	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	64	FURTHER PROCESSING NECESSARY,	18	1447	1773	326
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	41	DUPLICATE OF CLAIM-SYSTEM	1			
			**	BOLIZIONIE OF CHAIN-SIGIEM	1			
					1			
					1			
3404937	EDGECOMBE NASH	8505	505	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET			<u> </u>	
		8800	117	FURTHER PROCESSING NECESSARY,	0	636	1520	884
				PLEASE CHECK FOR CLAIM ON		636	1320	084
				FUTURE RA'S.	<u> </u>			
		21	9	DUPLICATE OF CLAIM-SYSTEM				
							 	
3404938	VGFW DBA RIVERS	8599	37	DETAIL NOT COVERED BY COMBINAT				
	TONE COUNSE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	22	PROGRAMME CODE PROGRAMME (MODE				
		24	22	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	0	84	849	765
				CODE/TYPE OF SERVICE COMBINATI				
		8622	15	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404939	NEUSE MENTAL HE	8505	796	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
			200					
		8800	366	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	1191	1197	6
				FUTURE RA'S.	1			
					1			
		11	25	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
					1			
3404941	PITT CO MH/DD/S	8599	1286	DETAIL NOT COVERED BY COMBINAT	-			
	AS CENTER			ION OF RECIPIENT, PROVIDER AND	1			
				BENEFIT PACKAGE.	1			
		11	145	CLIENT NOT ELIGIBLE ON SERVICE	43	1715	3920	2205
				DATE	-			
					1			
		8329	58	CLAIM DENIED ATTENDING PROVIDE				
		<u> </u>		R CANNOT BE THE SAME AS			<u> </u>	
_				THE LMA				
3404942		8931	8	AMTNC INELIGIBLE TO RECEIVE SE	1		<u> </u>	
J-10454Z	ROANOKE CHOWANH UMAN SERVIC	0,31		RVICES IN IPRS.	-			
	OVERN SERVIC				1			
					1			
		8599	4	DETAIL NOT COVERED BY COMBINAT	11	23	596	573
				ION OF RECIPIENT, PROVIDER AND				
		1	1	BENEFIT PACKAGE.				
		21	4	DUPLICATE OF CLAIM-SYSTEM				
		21	4	DUPLICATE OF CLAIM-SYSTEM				
		21	4	DUPLICATE OF CLAIM-SYSTEM				

							TOTAL	TOTAL
PROVIDER	+	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER WANE				DENTALS	DENTALS	FINALIZED	FAID
3404943		8505	210	CLAIM DENIED DUE TO INSUFFICIE				
	ALBEMARLE MENTA			NT BUDGET				
	L HEALTH CE			NI BODGEI				
		8800	55	FURTHER PROCESSING NECESSARY,				
		0000	33	PLEASE CHECK FOR CLAIM ON	59	464	2316	1443
				FUTURE RA'S.				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8505	2007	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8800	54	FURTHER PROCESSING NECESSARY,	14	2114	2225	111
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	+							
3404946		11	409	CLIENT NOT ELIGIBLE ON SERVICE				
	FOOTHILLS AREAM			DATE				
	ENTAL HEALT							
		0.050	0	OTATA DENTED DUE NO ACE DECEDA				
		8952	9	CLAIM DENIED DUE TO AGE RESTRI	1	424	604	180
				CTIONS FOR TARGET POPULATION				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	8599	84	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	29	PROCEDURE IS NOT COVERED FOR T	51	213	2717	2504
				HIS DATE OF SERVICE				
	1		1					
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE				l
	+			RVICES IN IPRS.				
	1							l
	+	1	1					
3404979	NEW DATED ACCOUNT	8505	7429	CLAIM DENIED DUE TO INSUFFICIE				
	NEW RIVER AREAM			NT BUDGET				-
	H/DD/SA PRO		-	MI DODGEL				-
	1		-					
		0000	0.00	PURMUED DECORATIVA MEGRADAN				
		8800	808	FURTHER PROCESSING NECESSARY,	3	8249	8473	224
	1			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				